

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-676)						SERIAL NO. 09/509994		APPLICANT(S)		FILING DATE	
CLAIMS											
AS FILED			AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
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TOTAL IND.	5		5								
TOTAL DEP.	19		16								
TOTAL CLAIMS	24		21								